

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

X-FUND

ADDRESS (number and street)

229 W RIDGEWOOD CT

☐ Check if different
than previously
reported. (ACC)

SAN ANTONIO

TX

78212

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00562272

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Matthew Schwieger

Signature of Treasurer

Matthew Schwieger

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 07 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

X-FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 20072.18 | |
| (c) Total Receipts (from Line 19) | 550.00 | 28425.92 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 20622.18 | 28425.92 |
| 7. Total Disbursements (from Line 31) | 13553.33 | 21357.07 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 7068.85 | 7068.85 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 24500.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

X-FUND

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07 | | 01 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2014 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

250.00

3499.99

(ii) Unitemized

300.00

424.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

550.00

3924.97

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

550.00

3924.97

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

24500.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.95

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

550.00

28425.92

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

550.00

28425.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 8253.33 | 16057.07 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 8253.33 | 16057.07 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 5300.00 | 5300.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 13553.33 | 21357.07 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13553.33 | 21357.07 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 550.00 | 3924.97 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 550.00 | 3924.97 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 8253.33 | 16057.07 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 8253.33 | 16057.07 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Scott Mollett

Mailing Address 999 16th Stret #6

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baker Botts LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Hamza AnsariMailing Address 1904 San Gabriel St
#102

City Austin State TX Zip Code 78705

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 12 2014**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

204.90

Full Name (Last, First, Middle Initial)

B. Alberto Belmonte

Mailing Address 11216 Brista Way

City Austin State TX Zip Code 78726

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 12 2014**Transaction ID : SB21B.4162**

Amount of Each Disbursement this Period

445.22

Full Name (Last, First, Middle Initial)

C. Alberto Belmonte

Mailing Address 11216 Brista Way

City Austin State TX Zip Code 78726

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 12 2014**Transaction ID : SB21B.4172**

Amount of Each Disbursement this Period

219.77

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

869.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Osvaldo Castellanos

Mailing Address 3218 Harris Park Av

City Austin State TX Zip Code 78705

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2014
Transaction ID : SB21B.4167

Amount of Each Disbursement this Period

183.64

Full Name (Last, First, Middle Initial)

B. Yahaira De Lara

Mailing Address 5505 Gregg Lane

City Manor State TX Zip Code 78653

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2014
Transaction ID : SB21B.4176

Amount of Each Disbursement this Period

66.71

Full Name (Last, First, Middle Initial)

C. Yahaira De Lara

Mailing Address 5505 Gregg Lane

City Manor State TX Zip Code 78653

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2014
Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

218.64

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

468.99

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Melissa Espinosa

Mailing Address 149 Camino del sol

City State Zip Code
Del Valle TX 78617

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 12 2014

Transaction ID : SB21B.4174

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Melissa Espinosa

Mailing Address 149 Camino del sol

City State Zip Code
Del Valle TX 78617

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 13 2014

Transaction ID : SB21B.4166

Amount of Each Disbursement this Period

144.53

Full Name (Last, First, Middle Initial)

C. Maria Narayani Lasala Blanco

Mailing Address 2 Schermerhorn St

City State Zip Code
New York NY 11201

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 12 2014

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

1689.65

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1874.18

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Maria Narayani Lasala Blanco

Mailing Address 2 Schermerhorn St

City State Zip Code
New York NY 11201

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 12 / 2014

Transaction ID : SB21B.4192

Amount of Each Disbursement this Period

24.30

Full Name (Last, First, Middle Initial)

B. Michael Montano

Mailing Address 1912 W. Gerald Ave.

City State Zip Code
San Antonio TX 78211

Purpose of Disbursement
T-Shirts

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 12 / 2014

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period

252.00

Full Name (Last, First, Middle Initial)

C. Joanna Sanchez

Mailing Address 610 W 30th Street

City State Zip Code
Austin TX 78705

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 12 / 2014

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

221.49

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

497.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Joanna Sanchez

Mailing Address 610 W 30th Street

City Austin State TX Zip Code 78705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 12 2014
Transaction ID : SB21B.4173

Amount of Each Disbursement this Period

69.24

Full Name (Last, First, Middle Initial)

B. Texas Workforce CommissionMailing Address 101 E 15th Street
Room 665

City Austin State TX Zip Code 78701

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2014
Transaction ID : SB21B.4188

Amount of Each Disbursement this Period

298.51

Full Name (Last, First, Middle Initial)

C. Priscilla Torres

Mailing Address 6616 Ruxton Lane

City Austin State TX Zip Code 78749

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 12 2014
Transaction ID : SB21B.4175

Amount of Each Disbursement this Period

22.73

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Priscilla Torres

Mailing Address 6616 Ruxton Lane

City Austin State TX Zip Code 78749

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 13 2014
Transaction ID : SB21B.4168

Amount of Each Disbursement this Period

187.00

Full Name (Last, First, Middle Initial)

B. U.S. Treasury

Mailing Address N/A

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 14 2014
Transaction ID : SB21B.4185

Amount of Each Disbursement this Period

2945.50

Full Name (Last, First, Middle Initial)

C. U.S. Treasury

Mailing Address N/A

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 15 2014
Transaction ID : SB21B.4187

Amount of Each Disbursement this Period

66.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3198.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. U.S. Treasury

Mailing Address N/A

City Ogdren State UT Zip Code 84201

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 12 2014
Transaction ID : SB21B.4199

Amount of Each Disbursement this Period

13.19

Full Name (Last, First, Middle Initial)

B. U.S. Treasury

Mailing Address N/A

City Ogdren State UT Zip Code 84201

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 12 2014
Transaction ID : SB21B.4200

Amount of Each Disbursement this Period

423.43

Full Name (Last, First, Middle Initial)

C. Armando Vera

Mailing Address 1905 Nueces St

City Austin State TX Zip Code 78705

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 12 2014
Transaction ID : SB21B.4163

Amount of Each Disbursement this Period

213.56

SUBTOTAL of Disbursements This Page (optional)..... ►

650.18

TOTAL This Period (last page this line number only)..... ►

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

X-FUND

A. Selah Zighelboim

Mailing Address 6102 Forrest Hills Drive

| City | State | Zip Code |
|--------|-------|----------|
| Austin | TX | 78746 |

| Purpose of Disbursement |
|-------------------------|
| Travel Reimbursement |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4196

Amount of Each Disbursement this Period

| Country | Very satisfied (%) |
|---------------|--------------------|
| Canada | 121.21 |
| United States | 100.00 |
| Mexico | 100.00 |
| South Korea | 100.00 |

B.

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

121.21

8071.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

X-FUND

Full Name (Last, First, Middle Initial)

A. Central Texas Opinion Project

Mailing Address 229 W Ridgewood Court

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| San Antonio | TX | 78212 |

Purpose of Disbursement
Donation

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 12 | | 2014 |

Transaction ID : SB29.4205

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Central Texas Opinion Project

Mailing Address 229 W Ridgewood Court

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| San Antonio | TX | 78212 |

Purpose of Disbursement
Donation

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 11 | | 2014 |

Transaction ID : SB29.4197

Amount of Each Disbursement this Period

| |
|---------|
| 1300.00 |
|---------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ►

| |
|---------|
| 5300.00 |
|---------|

TOTAL This Period (last page this line number only)..... ►

| |
|---------|
| 5300.00 |
|---------|

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4147

X-FUND**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Donald Green

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address PO Box 70

City Redhook

State NY

ZIP Code 12571

Original Amount of Loan

20500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4126

X-FUND**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Michael Montano

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1912 W. Gerald Ave.

City San Antonio

State TX

ZIP Code 78211

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 27 / 2014

Date Due

MM / DD / YYYY

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

24500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

X-FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Michael Montano

Nature of Debt (Purpose):

T-Shirts

Mailing Address 1912 W. Gerald Ave.

City State

Zip Code

San Antonio

TX

78211

Outstanding Balance Beginning This Period

252.00

Transaction ID : SD10.4151

Amount Incurred This Period

0.00

Payment This Period

252.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►